

MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
DRIVER TRAINING APPLICATION



Candidate Name:	ID #:
Station Assignment: <input type="checkbox"/> A-shift <input type="checkbox"/> B-shift <input type="checkbox"/> C-shift <input type="checkbox"/> Day <input type="checkbox"/> Volunteer	
Driver's License #:	Driver's License State:
<i>I understand that my driving record must be presented at the time of application and will be reviewed by Driver Training Program staff. A driving record that has been presented to Driver Training within the previous 12 months may be accepted at the discretion of Driver Training Program staff. I further understand that if my driving privileges are suspended or revoked by the State I must cease operating apparatus and notify my station officer as soon as possible.</i>	
Candidate Signature:	Date:
TYPE OF APPARATUS	
<div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> EMS Transport Unit</div> <div><input type="checkbox"/> Brush Truck</div> <div><input type="checkbox"/> Engine</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Aerial/Aerial Tower</div> <div><input type="checkbox"/> Rescue Squad</div> <div><input type="checkbox"/> Tanker</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Tractor Drawn Aerial</div> <div><input type="checkbox"/> Other:</div> </div>	
OFFICER VALIDATION	
<i>I approve of this candidate's request to enter the training process for the apparatus noted above. The candidate has reviewed MCFRS Policy 23-07AMII. A mentor has been assigned as noted below.</i>	
Officer Signature:	Date:
Officer Name:	
Mentor Name:	
DRIVER TRAINING PROGRAM VALIDATION	
<input type="checkbox"/> You have met the pre-requisites for entry into the training process for the apparatus noted above.	
<input type="checkbox"/> You have not met the pre-requisites for entry into the training process for the apparatus noted above for the reasons noted below.	
Driver Training Program Representative Signature:	
Denial of Training Status Rationale	